

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. **SOLDWR**

1. Article Addressed to:

Mr. Mike Simpson
C.O.O.
Collierville School District
146 College Street
Collierville, TN 38017

2. Article Number
(Transfer from service label)

91 7108 2133 3932 2020 7575

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **Linda Tedford** ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Linda Tedford

C. Date of Delivery

11-4-16D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☒ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

Domestic Return Receipt

102595-02-M-1540